

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	AMIDOPYRAZOLE DERIVATIVE
Attorney Docket Number::	293070US0PCT

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Naoaki
Family Name::	KANAYA
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takashi
Family Name::	ISHIYAMA
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Ryo
Family Name::	MUTO
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Yuichi
Family Name::	OCHIAI
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Toshiyuki
 Family Name:: WATANABE
 City of Residence:: Edogawa-ku
 State or Province of Residence:: Tokyo
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Daiichi Pharmaceutical Co., Ltd.,
 Tokyo R & D Center, 16-13, Kita-Kasai 1-
 chome
 City of Mailing Address:: Edogawa-ku
 State or Province of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 134-8630

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Noriko
 Family Name:: SHIMA
 City of Residence:: Edogawa-ku
 State or Province of Residence:: Tokyo
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Iwakura Hospital, 7-27-22,
 Minamikoikiwa
 City of Mailing Address:: Edogawa-ku
 State or Province of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 133-0056

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP04/19582	12/27/04

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2003-434726	Japan	12/26/03	YES
2004-012154	Japan	01/20/04	YES
2004-321117	Japan	11/04/04	YES

ASSIGNMENT INFORMATION

Assignee Name:: DAIICHI PHARMACEUTICAL CO., LTD.
 Street of Mailing Address:: 14-10, Nihonbashi 3-chome
 City of Mailing Address:: Chuo-ku
 State or Province of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 103-8234